PTO/SB/06 (08-03)
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d to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Appliestics or Docket Number		
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR		R THAN ENTITY
	FOR	NUMB	NUMBER FILED		NUMBER EXTRA		RAJE	FÉE	}	RATE	FEE
BASIC FEE (37 CFR 1.16(a))			T_{-}					:/	OR		<u></u>
TOTAL CLAIMS (37 CFR 1.16(c))			minus 20	. /			x \$=		OR	1	
	PENDENT CLASS FR 1.16(b))	48	minus 3	7.			x s=		OR	× •	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+1=		OR	+5	
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II											
OR (R THAN	
	1	(Column 1) CLAIMS		HIGHEST					·		ENTITY
MENDMENT A	112105	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 9	_Minus	-20	-°/· —		X \$=		OR	X \$=	
Ü,	independent (37 CFR 1,18(bj)	.3	Minus	<u>"</u>	• /		x \$=		OR	x s=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.14(d))							+5 =		OR	+5_=	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
ENDMENT B	215 06	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.18(4))	• 9	Minus		• /		x s=		OR	X \$=	
	tndependent (37 CFR 1.16(b))	10	Minus		•		x \$=	·	OR	x \$=	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+\$=		OR	+3=	
									OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
I <u>≶</u> I	Total (37 CFR 1.18(cj)	•	Minus	••	g g		x \$=		OR	x s=	
AMENC	independent (37 CFR 1.18(b))		Minus	•••	e		x \$=		OR	x s=	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+5=		OR	+ 8n	_,
									OR	TOTAL ADD'L FEE	
If the entry in cotumn 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gentering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the ground of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.